

**NEVADA DEPARTMENT OF CORRECTIONS
ADMINISTRATIVE REGULATION
708**

REFERRAL FOR CRIMINAL PROSECUTION

Supersedes: AR 708 (Temporary, 05/16/10)
Effective Date: 08/13/10

AUTHORITY:

NRS 209.131
NRS 228.160

RESPONSIBILITY

Referrals for criminal prosecution are the responsibility of the staff at the facility or institution where the alleged violation occurred, regardless of where the inmate is subsequently transferred, and regardless of where the internal disciplinary proceedings are held.

The Referral Coordinator at each institution/facility shall retrieve all pertinent information and ensure that a referral packet is completed and forwarded in a timely manner.

708.01 REFERRAL FOR CRIMINAL PROSECUTION

1. The Department will refer incidents involving alleged criminal conduct for review for prosecution.

A. All referrals will be sent to the Inspector General's Office for initial review.

(1) The original referral document will be forwarded. The Inspector General's Office will make any additional copies upon receipt of the original referral document.

(2) A copy of the original referral document will be placed in the inmate's I-file.

B. Criminal referrals are not a disciplinary sanction and may not be negotiated as part of any inmate's disciplinary proceeding.

C. The initiation of the criminal referral does not require the completion of the inmate's disciplinary process.

2. All referrals for criminal prosecution will be made on the forms attached to this regulation.
3. The Attorney General has primary jurisdiction over all offenses committed by Department inmates, regardless of the site of the crime.
4. A statement from the Referral Coordinator regarding the inmate's release status (parole or discharge) will accompany the referral.
 - A. The statement will provide the inmate's projected parole or discharge date.
 - B. If an inmate pending a referral for criminal prosecution is scheduled for release within 60 days, the Referral Coordinator will immediately inform the Correctional Case Records Manager of the pending criminal referral.
5. The referral for prosecution package shall include, but is not limited to:
 - A. Memorandum from Referral Coordinator summarizing the incident;
 - B. Request for Prosecution using Form DOC-1501;
 - C. Provide a Witness List DOC-1501a;
 - D. Evidence Record and Chain of Evidence must be provided on Form DOC-1501b;
 - E. Copy of Incident folder, including, but not limited to, original photographs, Use of Force Reports, informant information, shift reports, staff written reports, videotapes, tape recordings of statements, etc.
 - F. Pre-sentence Investigations Report(s);
 - G. All written reports;
 - H. Judgment(s) of Conviction(s);
 - I. Initial Classification Summary;
 - J. Most recent Certificate(s) of Board of Parole Commissioners action;
 - K. Copy of fingerprint card;
 - L. Copy of Mug Shot;
 - M. Any other information that may be pertinent to the prosecution such as Departmental Investigators' reports, medical reports, unit logs will also be submitted.

6. The Referral Coordinator will establish a log to track these referrals.
7. Any support by local law enforcement agencies (such as investigations, lab tests, etc.) shall be documented on the referral to the Attorney General and shall be accompanied by any and all police reports, lab tests and interviews.

APPLICABILITY

1. This regulation requires an operational procedure.
2. This regulation does not require an audit.

REFERENCES

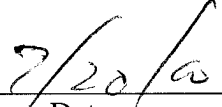
ACA Standard 4-4231

ATTACHMENTS

DOC Form 1501
DOC Form 1501a
DOC Form 1501b
DOC Form 1528



Howard Skolnik, Director



Date

NEVADA DEPARTMENT OF CORRECTIONS

REQUEST FOR PROSECUTION

DOP CASE #: _____
AG REFERRAL #: _____

INSTITUTION: _____ TELEPHONE: _____

SPECIFIC OFFENSE: _____

SUSPECT: _____ CUSTODY LEVEL: _____ PRISON NO: _____

SEX: _____ RACE: _____ DOB: _____ ASSIGNMENT: _____

DATE OF OFFENSE: _____ TIME: _____

SPECIFIC LOCATION OF OCCURRENCE: _____

DATE REPORTED: _____ TIME: _____ WHERE AND TO WHOM: _____

REPORTED BY: _____ ADDRESS: _____ BUS. PHONE: _____
HOME PHONE: _____

CRIME SCENE SECURED: () YES () NO DATE: _____ TIME: _____

BY WHOM: _____

CRIME SCENE PHOTOS: OFFICERS: _____ DATE: _____ TIME: _____ ATTACHED? YES () NO ()

CRIME SCENE SKETCH: OFFICERS: _____ DATE: _____ TIME: _____ YES () NO ()

CELL INVENTORY: OFFICERS: _____ DATE: _____ TIME: _____ YES () NO ()

INMATE COUNT: OFFICERS: _____ DATE: _____ TIME: _____ YES () NO ()

WITNESS SYNOPSIS: PREPARED BY: _____ DATE: _____ YES () NO ()

EVIDENCE LIST: PREPARED BY: _____ DATE: _____ YES () NO ()

STATEMENT BY SUSPECTS (Oral statements or admissions should be included in Officer's statement)

Suspect Name: _____ Date: _____ Time: _____ Officer: _____
Miranda Yes () No () Statement attached Yes () No ()

Suspect Name: _____ Date: _____ Time: _____ Officer: _____
Miranda Yes () No () Statement attached Yes () No ()

Victim's Name: _____ Address: _____
Assignment: _____ If inmate, Custody: _____ Prison Number: _____
Sex: _____ Race: _____ DOB: _____

Victim's Name: _____ Address: _____
Assignment: _____ If inmate, Custody: _____ Prison Number: _____
Sex: _____ Race: _____ DOB: _____

LABORATORY ANALYSIS

Item #	Agency	Analyzed By	Analysis Result	Date Returned
--------	--------	-------------	-----------------	---------------

OFFICER SUBMITTING REFERRAL: _____ DATE: _____

DOC-1501 (3/03)

NEVADA DEPARTMENT OF CORRECTIONS

WITNESS LIST

DOP CASE #: _____

AG REFERRAL #: _____

NAME: _____ ADDRESS: _____

PHONE NO: _____ JOB ASSIGNMENT: _____ IF INMATE, PRISON NO: _____

CUSTODY LEVEL: _____ SEX: _____ RACE: _____ DOB: _____

SYNOPSIS OF STATEMENT:

NAME: _____ ADDRESS: _____

PHONE NO: _____ JOB ASSIGNMENT: _____ IF INMATE, PRISON NO: _____

CUSTODY LEVEL: _____ SEX: _____ RACE: _____ DOB: _____

SYNOPSIS OF STATEMENT:

NAME: _____ ADDRESS: _____

PHONE NO: _____ JOB ASSIGNMENT: _____ IF INMATE, PRISON NO: _____

CUSTODY LEVEL: _____ SEX: _____ RACE: _____ DOB: _____

SYNOPSIS OF STATEMENT:

DOP-1501a (3/03)

NEVADA DEPARTMENT OF CORRECTIONS

EVIDENCE RECORD AND CHAIN OF EVIDENCE

DOP CASE #: _____

AG REFERRAL #: _____

ITEM NO.: _____ DATE: _____ TIME: _____ OFFICER: _____

DESCRIPTION: _____

LOCATION FOUND: _____

OFFICER: _____ DATE: _____ TIME: _____

ITEM NO.: _____ DATE: _____ TIME: _____ OFFICER: _____

DESCRIPTION: _____

LOCATION FOUND: _____

OFFICER: _____ DATE: _____ TIME: _____

ITEM NO.: _____ DATE: _____ TIME: _____ OFFICER: _____

DESCRIPTION: _____

LOCATION FOUND: _____

OFFICER: _____ DATE: _____ TIME: _____

DOP-1501b (3/03)

